

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	/					51		
2		/				52		
3						53		
4						54		
5						55		
6						56		
7		/				57		
8			/			58		
9	/					59		
10		/				60		
11			/			61		
12		/				62		
13			/			63		
14	/					64		
15		/				65		
16			/			66		
17				/		67		
18	/					68		
19		(1)				69		
20	/		(1)			70		
21		(1)				71		
22		(1)				72		
23	/					73		
24		(1)				74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	6					TOTAL IND.		
TOTAL DEP.	18					TOTAL DEP.		
TOTAL CLAIMS	24					TOTAL CLAIMS		

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS